

MINUTES OF IWCC MEDICAL FEE ADVISORY BOARD
IWCC CHICAGO OFFICE, ORAL ARGUMENT ROOM
HELD ON SEPTEMBER 7, 2006

Present at the meeting were:

Chairman Dennis Ruth
Ms. Maddy Bowling, Employer Representative
Ms. Elena Butkus, Medical Provider Representative
Dr. Jesse Butler, Medical Provider Representative
Mr. Eric Dean, Employee Representative
Mr. Ronald Powell, Employee Representative
Dr. Edward Sclamberg, Medical Provider Representative
Mr. John Smolk, Employer Representative

Members participating in the meeting via conference call were:

Mr. Roger Poole, Employee Representative
Ms. Kathryn Tazic, Employer Representative

IWCC staff present at the meeting were:

Amy Masters, IWCC Chief of Staff and Assistant Secretary
Susan Piha, IWCC Research and Education Manager

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Chairman Ruth called the meeting to order at 9:05 a.m.

Copies of the notice and agenda; past meeting minutes; and balance billing forms were distributed. A transcript of the meeting was taken.

Upon motion duly made, seconded and unanimously carried, the minutes of the Board meeting held on June 1, 2006 were approved as presented.

The Chairman updated the board on the development of additional fee schedules. He explained that Glen Boyle, fee schedule project manager, is currently working with Ingenix to develop a hospital outpatient fee schedule for PT, radiology, and path and lab using the same Ingenix database that was utilized to develop the professional services fee schedule, though in this case limited solely to hospital billing. Additionally, Glen Boyle is working with a database from the Illinois Department of Public Health (IDPH) to create a fee schedule for hospital outpatient surgical treatment. Currently data for both fee schedules are in the preliminary stages and will need to be further defined.

The Chairman also provided an outline of the timeline involved to review and adopt the new fee schedules and rules once the fee schedules are completed.

The Chairman noted that it is the board's responsibility to monitor the new legislation and to ensure that all sides benefit - patients receive access to treatment; doctors receive payment in a timely manner; and business receives reasonable medical rates.

The board discussed the intent of the statute regarding provider payment of the medical fee schedule rates compared to previously set contractual rates by insurance companies. The board discussed establishing a policy indicating the intention of the statute regarding this issue to avoid incorrect payment of bills. The board also discussed the importance and process of educating the community regarding this policy. Ms. Butkus presented a proposed policy draft on behalf of the Illinois Hospital Association (IHA). The board held further discussion on the matter and heard comments from the public. Several revisions to the policy were made. Upon motion duly made, seconded and unanimously carried, the board voted to issue the following policy regarding Section 8(a)/8.2 Employer to Pay Medical Expenses:

As used in this section, a negotiated rate of contract for medical, surgical and hospital services is applicable, if the employer or any of its agents, and the health care provider have a contract that covers the services provided to the employer's employee as required under the Act. In the absence of such contract, the employer or its agent shall pay the lesser of the health care provider's actual charges or the published fee schedule. Any attempt to override the existing rate of an existing contract with the lesser of the health care provider's actual charges or the published fee schedule is prohibited.

*\*including but not limited to preferred provider organizations (PPO's), managed care plans or health care network arrangements.*

The Chairman indicated that in an effort to educate the community, the statement would be posted on the Commission web site in the Frequently Asked Medical Questions and News sections, and also would also be included in the Commission's e-newsletter distributed to approximately 1,000 subscribers. Additionally the Commission would disseminate the policy to relevant associations, including the IHA, Illinois State Medical Society (ISMS), and the Self-Insurance Association; and also to insurance carriers through the Illinois Division of Insurance.

Next the board discussed balanced billing forms, in regards to the responsibility of completing the form and where the form should originate. The board agreed it is important to determine compensability at the earliest stages to avoid delayed payment for medical treatment or unnecessary treatment. The board also discussed the employee's responsibility to pay medical bills for treatment deemed unnecessary by the Commission, and also the employer's responsibility to pay interest on disputed bills for treatment deemed necessary by the Commission. The board decided to discuss the issue of balance billing forms further at the next meeting.

There being no further business, the meeting adjourned at 11:30 a.m.